



Navy Environmental Health Center
*Ensuring Navy and Marine Corps readiness
through leadership
in prevention of disease and promotion of health*

Promoting Responsible Sexual Behavior Among Military Populations

Sexual Health and Responsibility Program (SHARP)



June 2006

Navy Environmental Health Center
Sexual Health and Responsibility Program (SHARP)
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Portsmouth VA 23708

This document does not establish Department of Navy policy.

It is intended to help military leaders, medical professionals and others charged with protecting and promoting the health of military members understand and apply targeted strategies for the prevention of sexually transmitted infections and unplanned pregnancy.

Comments are encouraged and may be forwarded to:

Navy Environmental Health Center
Sexual Health and Responsibility Program (SHARP)
620 John Paul Jones Circle, Suite 1100
Portsmouth VA 23708-2103
sharp@nehc.mar.med.navy.mil
<http://www-nehc.med.navy.mil/hp/sharp>
(757) 953-0974; DSN 377

Views and opinions expressed are not necessarily those of the Department of the Navy

WHY PROMOTE SEXUAL HEALTH?

SECNAVINST 5300.30D, 6 January 2006 states:

Aggressive disease surveillance, health promotion and education programs for naval personnel will be used to mitigate the impact of HIV infection on DoN." "Commanders will provide HIV prevention training in command Health Promotion Program"

Active Duty Sailors and Marines acquire preventable sexually transmitted infections and surveyed enlisted female Sailors report high rates of unplanned pregnancy. Negative consequences of sexual risk taking for the individual Sailor or Marine may include pain and suffering, embarrassment, lifelong health / career / family / or relationship consequences, and long term financial consequences. For the Department of the Navy (DoN), negative consequences may include lost duty days, early separations from service, direct medical costs, and an erosion of image.

HIV. Since 1985, over 5000 active duty Sailors and Marines have been infected with HIV, most of whom have been lost to the service. From 1999-2005, about 100 active duty Sailors and Marines became newly infected with HIV every year (95 in 2005). Although some HIV-infected members remain on active duty (480 in 2004), they are not deployable. A new \$20 million obligation is incurred each year by the DoN or Veteran's Administration to provide the lifetime HIV-related health care for these 100 newly infected Sailors and Marines. Retraining costs for HIV infected members who separate from service have not been calculated.

Other Sexually Transmitted Infections. In 2004, 2,603 active duty Sailors and Marines were infected with Chlamydia, gonorrhea or syphilis, at an estimated direct medical treatment cost of \$216,000. The incidence of other sexually transmitted infections, including genital herpes, genital warts, Human Papillomavirus-associated cervical carcinoma, hepatitis B, pelvic inflammatory disease and trichomoniasis are not tracked and costs are not known.

Unplanned Pregnancy. In 2002, only 30% of pregnancies among surveyed enlisted Sailors were planned. The national *Healthy People 2010* objective (supported by DoDI 1010.10) is 70%. Annual pregnancy care costs of the estimated 4500 unintended pregnancies (UIP) among active duty members, at an estimated cost \$3,200 per person, was \$14 million in 2003. Separations due to pregnancy and retraining costs for separated members have not been calculated. Lost duty days for unplanned pregnancies in 2003 exceeded an estimated 136,000. The presumably stressful impact of single parenthood on active duty members, families and Navy and Marine Corps commands has not been quantified.

Incorrect and Inconsistent Condom Use. Most unmarried active duty members did not wear a condom the last time they had sex. In 2002, condom use among unmarried active duty Sailors (46.4%), Marines (43.3%), Airmen (40.2%) and Soldiers (39.6%) were below the Healthy People 2010 objective of not less than 50%. Furthermore, many studies of young Americans indicate that many of those people who use condoms, do not use them properly.

Sources

-NEHC (2004); (Medical Event Reporting System - unpublished data)

-NNMC Bethesda HIV Central (2005) (unpublished data)

-Bray R, Hourani L, Rae K, Dever J, Brown J, Vincus A, Pemberton M, Marsden M, Faulkner D, Vandermaas-Peeler R (2004). 2002 Department of Defense (DoD) Survey of Health Related Behaviors Among Military Personnel. Prepared for the Assistant Secretary of Defense (Health Affairs) under Cooperative Agreement No. DAMD17-00-2-0057 by RTI International, Research Triangle Park, North Carolina

-Uriell, Z. (2004). (unpublished data based on Results of the 2003 Pregnancy and Parenthood Survey. Navy Personnel Research, Studies, & Technology, Millington TN, and e-mail communication with the SHARP, 2 November 2004)

A SUGGESTED CHECKLIST FOR ACTION

Action Item	Notes
Form a team of key stakeholders	Key players might be the Command Fitness Leader (CFL), safety Petty Officer, ship medical, local medical Health Promotion Director, and local Preventive Medicine Technician. Meet to discuss the potential need and desire to promote sexual health. This initial team may include other key stakeholders who have expressed a desire to be involved, such as a concerned clinician, DoDD School nurse, or volunteer “SHARP” speaker.
Define the problem <ul style="list-style-type: none"> • Use Navy-wide data Or <ul style="list-style-type: none"> • Collect and analyze local data in terms of time, person and place 	<ul style="list-style-type: none"> • Easier: define your problem as “part of the Navy / USMC-wide problem” – see the data at http://www-nehc.med.navy.mil/hp/sharp/sharp_stats.htm • Harder: Local or command-specific data can also be helpful, but it is challenging to get. See the attached set of SUGGESTED LOCAL SEXUAL HEALTH OBJECTIVES for ideas. Does the local data reveal any demographically useful information? Who is getting infected? Consider: <ul style="list-style-type: none"> ○ <u>time</u> (when are people exposed? – on deployment, weekends, just before graduation, etc) ○ <u>person</u> (age, gender, rate, student status, time on station, etc.), ○ <u>place</u> (where does exposure occur) <p>Consider other local anecdotal data such as perceived pregnancy rates on the ship.</p>
Draft a few outcome or process objectives	See the attached SUGGESTED LOCAL SEXUAL HEALTH OBJECTIVES
Expand Team Membership to include other key stakeholders	Consider inviting these people to participate in your effort: <ul style="list-style-type: none"> • Chaplain • Command Master Chief for students or other key enlisted leaders • School nurse • Command Fitness Leader • Single Sailor Club / CPO Club / barracks manager • Family Service Center • Medical treatment facility (MTF) commander, health promotion director, preventive medicine officer, clinical services director, women’s health director, behavioral health, staff ed and training • Local civilian public health office or family planning partners. Note: Their messages may be focused to some extent on teens, men who have sex with men, or injecting drug users. Discuss these issues with your partners and stakeholders and decide which products and messages are appropriate for your population.

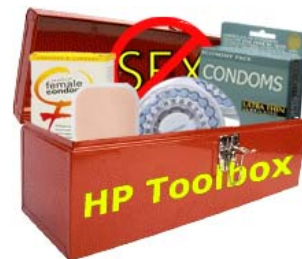
Get buy-in on objectives and the target audience	Solicit input from all stakeholders and work together to reach consensus on your objectives.
Select or design educational materials and strategies	<p>Decide what you want to communicate, to whom and how. In this document, see:</p> <ul style="list-style-type: none"> • STRATEGIES FOR PROMOTING SEXUAL HEALTH • RESOURCES • TRAINING • NATIONAL OBSERVANCES
Test your materials	Test your messages with your stakeholders <u>and</u> a sample of your target audience.
Communicate your plan	<p>Decide who needs to know the “problem” and your objectives, and how you will communicate with these key people.</p> <p>For example, you could use the “Message for Commanding Officers” in the April Health Promotion Toolbox website to help leaders understand the problem (in Navy/USMC-wide terms) and what they can do about it. See http://www-nehc.med.navy.mil/Downloads/Hp/HP_toolbox.htm</p>
Launch your plan	Do it!
Evaluate progress toward your objectives	<ul style="list-style-type: none"> • Follow your evaluation plan as described in your objectives. • Communicate your results to stakeholders. • Continuously refine and improve your plan. • Share your successes and lessons learned with SHARP and others.

STRATEGIES FOR COMMANDING OFFICERS AND LEADERS

To promote and support responsible sexual behavior, Commanding Officers and leaders can:

- (1) State their expectations of sexual responsibility (we desire no unplanned pregnancies or STIs), and the organization's policy regarding pregnancy (return to sea duty / deployable unit after delivery).
- (2) Acknowledge the reality of human nature and enable safer sex through condom and contraception access (including emergency contraception) - even while underway. Do not punish crew for having or seeking condoms or contraception.
- (3) Conduct a quality information/education program (a competent and influential shipmate using the GMT film, PowerPoint slides and instructor's guide), plus a continuing awareness campaign (posters, fact sheets, liberty briefings).
- (4) In port and at deployment locations, discourage bar-hopping and excessive alcohol consumption and discourage sexual solicitation by (a) stating command expectations and (b) by providing alternative recreation activities.
- (5) When underway, in port, and while deployed, leaders can lead by example. Senior white hats, Non-Commissioned Officers, chiefs and officers must walk the talk.
- (6) Do not punish health-care seeking behavior. Getting pregnant or getting an STI is not a crime. Do not treat patients and crew like criminals. If we do, we drive them away from us and miss the opportunity to treat disease, provide prevention counseling, find and treat partners, and prevent further cases.
- (7) Ensure the crew knows – and genuinely believes - their privacy is protected when seeking health care. If they think their name is on a sick call list that the CO will read, they will avoid ship / unit medical. This is counter-productive.

A collection of ready-to-use materials is available at the NEHC **Health Promotion Toolbox** website (April is sexual health month) at http://www-nehc.med.navy.mil/hp/HP_Toolbox.htm



STRATEGIES FOR PROMOTING SEXUAL HEALTH

Awareness Strategies

For all-hands awareness:

- Include sexual health news articles in the Command Plan of the Week (samples are available on line at http://www-nehc.med.navy.mil/Downloads/HP/HP_toolbox/Jun/junpodnotes.doc .
- Time your promotion to capitalize on national sexual health observances (see the list of National Health Observances in this document). Sponsoring organizations often offer resources.
- Put up a rack of sexual health fact sheets (go to <http://www-nehc.med.navy.mil/hp/sharp/shrpfact.htm>). Fact sheets could be displayed in high visibility areas such as waiting rooms, galleys, fitness centers, elevators, stairwells, ship's stores, health promotion departments and other high traffic areas.
- Mount posters in barracks, locker rooms, recreation centers, etc. Get free posters at http://www-nehc.med.navy.mil/hp/HP_ToolBoxposters_jun.htm
- Include a sexual health display at your Command safety-stand-down or health fair. Set-up a sexual health **information display** using fact sheets and posters and conduct a "correct condom-use" demonstration (perhaps using the condom use **film clip** NEHC-SHARP Toolbox CD). Ask your supporting medical department to assist with your event to answer sexual health questions.

For medical professional awareness:

- Distribute copies of the *SHARPNews* newsletter to medical staff. Subscribe to the *SHARPNews* by sending an e-mail to sharp@nehc.mar.med.navy.mil
- Encourage medical leadership to conduct a self-evaluation of their command's medical policies and practices using the SUGGESTED LOCAL CRITERIA TO EVALUATE SEXUAL HEALTH – see the criteria marked FOR MEDICAL OPERATIONS ONLY" (attached).

Condom Access Strategies

- Assess condom access in your command. Where do your Sailors and Marines get condoms? Do they feel access is easy, affordable, embarrassing?
- Increase condom access in a thoughtful, targeted fashion. See the NEHC-SHARP guideline "[Condom Access for Disease and Pregnancy Prevention](#)"

All-hands Education Strategies

- Conduct quality all hands training. This a competent and influential shipmate using current, quality educational materials as they were designed to be used.
 - The current **Navy** General Military Training (GMT) film, PowerPoint slides and instructor's guide) are ***mailed directly to all Navy commands each October*** (ask your training Petty Officer for the box of FY05 GMT training materials). They may also be accessed on the SHARP website and the SHARP Toolbox CD.
 - The **Marine Corps Semper Fit** lesson plans on **STD Prevention** (modified by NEHC SHARP) may also be accessed on the SHARP website and the SHARP Toolbox CD.
- Invite your Navy **Chaplain** to speak with your command about sexual responsibility. There is a ready-to-use lecture written by and for chaplains on the NEHC-SHARP website and SHARP Toolbox CD.
- Many other ready-to-use lectures for Sailors and Marines are available – see the “RESOURCES” section in this document.
- Ask your supporting medical department to talk to your command about contraception and women’s health.

Intervention Strategies

- For people who have expressed concerns, requested a “conscious check”, or have demonstrated high risk (such as traded money for sex, or became infected with an STI), refer them to your on-board health care provider or local medical treatment facility (Preventive Medicine, Independent Duty Corpsman, or physician) for individual prevention counseling and for appropriate testing.
- Get medical to help you communicate with your population. Ensure the crew understands:
 - Go to medical if you think you may have a sexually transmitted infection. Don’t wait!
 - Medical professionals always protect your privacy
 - Tell your sexual partner(s) if you have a sexually transmitted infection. Anyone who may have the disease deserves to know about it and should receive the appropriate testing and treatment.
 - For people who express a desire to discuss contraceptive options or family planning issues, see your on-board health care provider or local medical treatment facility (primary care or women’s health clinic).

Health Care Process Improvement Strategies

- Orient new health care team members to your local STI prevention policies and processes. Encourage them to comply with treatment guidelines, report cases, and refer infected patients to Preventive Med or the IDC for prevention counseling and sexual partner referral services. Share with them a copy of BUMEDINST 6222.10B, Prevention of STDs, available at <https://navymedicine.med.navy.mil/Files/Media/directives/6222-10b.pdf>
- Conduct periodic in-service training for health care providers on the subject of HIV-STD prevention counseling, condom access, partner referral, disease reporting, Chlamydia screening and other relevant topics.
- Is your medical operation supporting sound sexual health policies? Use the attached SUGGESTED LOCAL CRITERIA TO EVALUATE SEXUAL HEALTH – see the sections marked “FOR MEDICAL OPERATIONS ONLY”. Use this along with the attached HEALTH CARE PROVIDER SURVEY to collect data.
- [Prevention Counselor Evaluation Form](#) and [Sexual Partner Counseling/Referral Evaluation Form](#): (available on the SHARP website): Use these supervisory tools to evaluate graduates of the "HIV-STD Prevention Counseling Course" and the "Sexual Partner Counseling and Referral Course". To validate skills, provide helpful feedback, and ensure quality in this task, supervisors/trainers should observe the counselor as he/she conducts an actual counseling session. Use this form (and the SHARP HIV-STD Prevention Counseling Desktop Assistant from their Student Manual) to conduct and document your evaluation. When you are satisfied the counselor has demonstrated competence, sign and send the form to NEHC-HP-SHARP. The counselor will receive a SHARP lapel pin in recognition of his/her certification of their skills. We also encourage periodic supervisory evaluations to ensure continuous improvement and quality, as recommended by the CDC (MMWR 50;RR-19;page 7; November 9, 2001)."
- Inform medical and other staff of sexual health training opportunities. See “Training Opportunities” in this document or go on-line for even more at http://www-nehc.med.navy.mil/hp/sharp/instruct_req.htm .

TRAINING OPPORTUNITIES

Get all these and more on-line at <http://www-nehc.med.navy.mil/hp/sharp/education&training.htm>.

HIV-STD Prevention Counseling is a 2 day course for physicians, nurse practitioners, physician assistants, clinical and DoDDS school nurses, Preventive Medicine Officers and Technicians, Environmental Health Officers, Independent Duty Corpsmen, health promoters, and family service counselors – people tasked to counsel individual Sailors and Marines regarding sexual behavioral risk reduction. This course is based on Project RESPECT, a study which meets CDC's HIV/AIDS Prevention Research Synthesis project criteria for relevance and methodological rigor and also has positive and significant behavioral/health findings. Continuing education credit is awarded.

Sexual Partner Counseling and Referral is available in both classroom and self-study formats. Get the self-study manual on the SHARP website. This course covers the CDC's 11-step process for bringing to treatment the sexual partners of patients infected with sexually transmitted infections. SHARP issues a certificate of training. Continuing education credit is awarded.

Sexual Risk Assessment in the Outpatient Setting is a fully scripted PowerPoint presentation and demonstration that includes a student manual. The lecture targets health care providers including IDCs. It may be used as an in-service training session within medical treatment facilities or as a self-study course. The objective is to demonstrate the need for and the skills used in conducting a sexual behavior risk assessment during the routine outpatient encounter. Typical length of the lecture is 60-90 minutes. Continuing Education Credit is awarded. Download the PowerPoint presentation and the student manual to conduct this training lecture at your locale.

Navy and USMC HIV Policy explains DoD and DoN policy regarding HIV. This course and the examination are available on the SHARP web site. SHARP issues a certificate of training to each person who completes the 38-question exam. Continuing education credit is awarded.

Sexual Health Primer includes the impact of STDs and unplanned pregnancy. This course is available on the SHARP website. SHARP issues a certificate of training to each person who completes the 40-question exam. Continuing education credit is awarded.

American Red Cross HIV Instructor Course –This training is conducted by American Red Cross Chapters. Students learn the facts about HIV and AIDS and learn how to conduct educational sessions for groups. Cost and availability vary somewhat by location. Contact your local Red Cross Chapter HIV/AIDS Training Coordinator for training opportunities in your area. A complete list of Red Cross Chapters is available on line at <http://www.redcross.org/hss/swan.html>.

RESOURCES

Ready to Use Education Lectures and Programs (on the SHARP Toolbox CD and/or SHARP website:

- Semper Fit "STD/HIV Prevention" developed by the Naval Health Research Center and modified by SHARP. Designed for all-hands USMC audiences. The lesson training guide (MS Word) and PowerPoint slides.
- NETC General Military Training (GMT)/ Naval Military Training (NMT). Designed for FY1999 - FY2006 GMT/NMT all-hands USN audiences. Each includes an instructor's guide, PowerPoint slide presentation and film.
- "Choices": A multidisciplinary, two-day program to reduce pregnancies among Sailors developed by Naval Hospital Sigonella, Italy. For evidence of effectiveness, see Military Med 168, 1:11 (Jan 2003). Reducing unintended pregnancy in young single active duty women in an overseas environment.
- Your Sexual Health: A one-hour fully scripted PowerPoint presentation targeting "All Hands" with basic information on HIV, STDs and contraceptive choices. The theme focuses on individual sexual responsibility and encourages individuals to take responsibility for their sexual behavior rather than risk unplanned consequences.
- Navy Chaplain's "Personal Sexual Responsibility": This fully scripted PowerPoint lecture is a values-based approach to responsible sexuality and STD prevention based on Navy Core Values. It is intended for use by chaplains to compliment lectures delivered by health professionals or GMTs. Developed and approved by the Special Assistant for Pastoral care - BUMED (M00G).
- Sexual Risk Assessment and Intervention in the Outpatient Setting. This is a fully scripted PowerPoint presentation and a demonstration, that includes a student manual. The lecture targets health care providers including Independent Duty Corpsmen (IDC). It may be used in an in-service training session within medical treatment facilities. The objective is to demonstrate the need for and the skills used in conducting a sexual behavior risk assessment during the routine out-patient encounter. Typical length of the lecture is 90 minutes. Continuing Education Credit is available.

Films – these films may be obtained from SHARP and/or from the Defense Audiovisual Information System (DAVIS):

- HIV-AIDS: A Clear and Present Danger (8:00); Produced by Center for Personal Development (2005). The video is the FY06 GMT film. Features general prevention information with clips of HIV positive Sailors sharing their knowledge and advice. (This video is also digitized on the SHARP Toolbox CD). (DAVIS Order# pending)
- Sexual Responsibility (14:00); Produced by CNET (1999). The video is an excellent update, featuring Navy personnel and the consequences, both medical and social, of risk-taking sexual behavior. The video features a variety of scenarios. (This video is also digitized on the SHARP Toolbox CD). (DAVIS Order# 806393)
- Responsible Sexual Behavior (18:09); Produced by CNET (2002). Focuses on the negative consequences of sexual behavior and individual responsibility for preventing them. (This video is also digitized on the SHARP Toolbox CD). (DAVIS Order# 806610)
- Chart a Safe Course for Sexual Responsibility (25:51). Produced by the Center for Personnel Development (2004) in partnership with the Navy Education and Training Personnel Development Technical Center and NEHC-SHARP. Focuses on the interaction of a chlamydia-infected Sailor with his health care providers and sexual partners. (This video is also digitized on the SHARP Toolbox CD). (DAVIS Order# 806715)
- Give Yourself a Chance - Responsible Parenting (23:22). Produced by CNET (1999). Focus is on the consequences of becoming a parent, including Navy and Marine Corps career impact. (DAVIS Order# 806804)
- HIV Legacy: (15:00); Produced by Naval Research Center, San Diego (1994). The video discusses deployments and how behavior changes on liberty. Three HIV-positive Navy personnel relate how being HIV-positive has affected their lives. They encourage others on how to make better choices in their sexual behavior. The terminology is non-offensive for any audience, shows that HIV affects all racial groups and both genders. (Request from NEHC)
- Liberty Brief: (16:20). Produced by Naval Research Center, San Diego (1994). The video portrays three male Marines during their shipboard deployment, while on liberty drinking and having contact with prostitutes. Implies that HIV/STD is a leadership issue and that there is a strong association of drinking to risk-taking behavior." (Request from NEHC)

Other SHARP Resources. Get all these and more on-line at <http://www-nehc.med.navy.mil/hp/sharp/pubresource.htm>

- [SHARP FACTS](#) are 1 page (double sided) fact sheets on STDs, HIV, condoms, and family planning. They provide basic, evidence based information on these subjects. They are useful to download and print for distribution to active duty, reserves, and beneficiaries as part of your Health Promotion program in the area of Sexual Health and Responsibility.
- [SHARP NEWS](#) is a regularly published newsletter updating SHARP Leaders, SHARP Instructors, health educators, preventive medicine technicians, and other health staff regarding SHARP issues and other prevention news. The newsletters are posted with full color and graphics and is also available for subscription wherein you can receive the text version through your e-mail account.
- Condom Access Strategy Guide: [Frequently Asked Questions About Targeted Condom Access for Disease and Pregnancy Prevention](#) is written to answer questions about the practical issues of making condoms accessible to Sailors and Marines.
- [STD Clinical Slides](#): 61 jpg files, courtesy of CDC, depicting syphilis, gonorrhea, chlamydia, genital herpes, genital warts, chancroid, granuloma inguinale, Molluscum contagiosum, LGV, lice and scabies.
- [SHARP Toolbox compact disk](#) contains all the professional resources available on the SHARP website (and more). All newly registered SHARP Instructors receive a SHARP Toolbox CD. If you presently own an older version of the SHARP Toolbox and want the new 2004 version, just [contact SHARP](#) and ask!"

Commercial Resources

- Posters, films, condoms, display boards and brochures are available from many commercial sources. None are specifically listed herein to avoid the appearance of government preference of one over another. The challenge to using commercial products is money and suitability to military audiences. Consult SHARP for advice and suggestions.

SEXUAL HEALTH OBSERVANCES

National Health Observances:

February

National Condom Day - February 14
National Condom Week - February 10 – 17
American Social Health Association
P.O. Box 13827
Research Triangle Park, NC 27709
(919)361-8400
www.ashastd.org

April

STD Awareness Month
American Social Health Association
P.O. Box 13827
Research Triangle Park, NC 27709
(919) 361-8400
aual@ashastd.org
<http://www.ashastd.org/>
Materials available

May 5th

Teen Pregnancy Prevention Day
www.Teenpregnancy.org

June

HIV Testing Day – June 27
For testing site near you call:
800-342-AIDS (2437)
CDC National AIDS Hotline: 800-342-2437
CDC National AIDS Hotline Spanish Service: 800-344-7432
CDC National STD Hotline: 800-227-8922
CDC National AIDS Hotline TTY Service: 800-243-7889

October

National AIDS Awareness Month
American Association for World Health
1825 K Street, NW., Suite 1208
Washington, DC 20006
(202)466-5883
staff@aawhworldhealth.org
www.aawhworldhealth.org

Family Sexuality Education Month

Planned Parenthood Federation of America
810 Seventh Avenue
New York, NY 10019
(212)541-7800
communications@ppfa.org
<http://www.plannedparenthood.org/>

December

World AIDS Day
- December 1
American Association for World Health
1825 K Street, NW., Suite 1208
Washington, DC 20006
(202)466-5883
staff@aawhworldhealth.org
www.aawhworldhealth.org

DEPARTMENT OF DEFENSE REFERENCES

Department of Defense Directive 6485.1 with Administrative Reissuance Incorporating Change 1, August 10, 1992. This is the DoD's policy, responsibilities and procedures on identification, surveillance, and administration of civilian and military personnel infected with HIV-1.

Assistant Secretary of Defense, Health Affairs Memorandum dated October 6, 1998, sets policy for Pre- and Post- deployment health assessments and blood samples including screening for HIV infection.

MARINE CORPS ORDER P1700.29 defines the Marine Corps Semper Fit Program which includes HIV/STD prevention as a Health Promotion core element and requires HIV/STD education annually. Additionally, this order requires basic/technical training programs and professional level training programs for officers and enlisted have targeted education regarding STD and HIV transmission and prevention.

SECNAV INSTRUCTION 1000.10 provides Department of Navy policy for all military personnel on pregnancy and issues related to pregnant servicewomen including, but not limited to, thorough family planning information to be made available to servicemen and servicewomen through the training establishment and at the unit level.

SECNAV INSTRUCTION 5300.30D establishes the DON policy on identification, surveillance, and administration of military members, applicants and health care beneficiaries infected with HIV-1.

SECNAV NOTICE 5300 defines the Department of the Navy policy regarding HIV/AIDS training which among other things, requires commands to conduct a minimum of 1-hour HIV/AIDS prevention education each calendar year for all military personnel.

OPNAVINST 6120.3 defines the annual preventive health assessment (PHA), including chlamydia screening, Hepatitis B vaccination and sexual risk counseling.

BUMED Instruction 6222.10B provides current guidelines for treatment and prevention of sexually transmitted diseases (STDs).

BUMED P-117, Manual of the Medical Department (MANMED) Chapter 15-112, Women's Annual Health Maintenance Exam - defines the content of the annual examination for active duty women. The exam will include counseling on family planning, contraceptives (including emergency contraception), prevention of HIV and other sexually transmitted diseases. Other required health promotion counseling will include nutrition, exercise, injury prevention, substance abuse, and physical or sexual abuse.

AIR FORCE Instruction 48-105. Surveillance, prevention, and control of diseases and conditions of public health or military significance. Describes responsibilities for STD surveillance, prevention and control.

AIR FORCE Instruction 48-135. Human Immunodeficiency Virus Program

AIR FORCE Instruction 44-102. Community Health Management. Contains guidance re: health care provider privileged communications/required disclosures (page 54); STI treatment and contraception for minors (55); HIV-infected health care workers (43); contraception services (45); annual women's health family planning counseling (49-50).

ARMY Regulation 600-110. Identification, Surveillance and Administration of Personnel Infected with HIV

Coast Guard COMDTINST M600.1B Medical Manual (Chapters 3 and 7)

Coast Guard COMDTINST 6200.1. Health Promotion Manual (STD prevention listed as one essential element of a complete wellness program)

ATTACHED:

- SUGGESTED LOCAL SEXUAL HEALTH OBJECTIVES
- HEALTH CARE PROVIDER SURVEY

Suggested Local Criteria for Evaluating Sexual Health (as of 6/23/2006)

Question	Objective	Source of Data	When to collect data	How to calculate / analyze data	Supporting HP 2010 Objective	DoD/DoN Baseline
Do at least 75% of members avoid high risk sexual behavior?	Increase proportion of members who minimize risk of STI and unplanned pregnancy through abstinence, monogamy or consistent condom use to 75%	<u>Fleet and USMC Health Risk Assessment</u> ; Commanding Officers' Report; question #13 "In the past 12 months, how often did you or your partner(s) use a condom when you had sex?". Minimum HRA participation required = 50% of population size.	Include HRA's completed during the previous FY	From the Fleet and USMC Health Risk Assessment; Commanding Officers' Report, report the "% Healthy" for condom use.	13-6: Increase the proportion of sexually active adults who use condoms to 50% or more	Related baseline data from 2002 DoD Survey: % of unmarried who used a condom "last time they had sex" - Navy-2002=46.4%. USMC-2002=43.3%
Have at least 80% of your UNIFORMED members viewed the current GMT FILM on sexual health?	Increase to 80% the proportion of members who have seen the current year GMT film on sexual health and were given the opportunity to discuss and ask questions with a facilitator.	GMT sign-in logs.	Include only training conducted during the previous 12 months	Number of people who attended training / mid-year population size * 100	Supports: 9-1. Increase the proportion of pregnancies that are intended. 25-1a-c: Reduce the proportion of males and females aged 15-24 infected with Chlamydia. 25-2: Reduce incidence of Gonorrhea.	Unknown baseline for GMT use.
Do your UNIFORMED members have easy access to condoms?	Ensure members have easy and inconspicuous access to condoms	CO conclusion (yes or no) that members are able to easily and privately access male latex condoms at times and places that increase the likelihood of condom use vs. no condom use.	Based on policies and practices in place presently	For guidance see "Targeted Condom Access for Disease and Pregnancy Prevention at http://www-nehc.med.navy.mil/downloads/hp/condomaccess.pdf	Supports: 13-6: Increase the proportion of sexually active adults who use condoms to 50% or more	Unknown baseline for "condom access"
Has your command conducted a sexual health awareness event?	Increase awareness of STI and unplanned pregnancy risks and prevention options by conducting an event (e.g. an all-hands lecture or a display with a continuous-running film, etc) during April of this year.	CO conclusion (yes or no)	Based on events conducted during the previous 12 months	Note: get resources from the Health Promotion Toolbox website at http://www-nehc.med.navy.mil/hp/HP_ToolBox_Jun.htm	Supports: 9-1. Increase the proportion of pregnancies that are intended. 25-1a-c: Reduce the proportion of males and females aged 15-24 infected with Chlamydia. 25-2: Reduce incidence of Gonorrhea.	Unknown baseline for conduct of STD / UIP awareness events.
Do your primary care health care clinicians provide access to emergency contraception?	FOR MEDICAL OPERATIONS ONLY: Increase the proportion of health care providers who provide emergency contraception (ec) to 90%	Provider survey (access at http://www-nehc.med.navy.mil/downloads/hp/mtf_sharp_criteria) Minimum provider survey participation rate required = 50% of assigned providers.	Based on providers surveyed during / just after the close of the previous 12 months	Number of providers who completed the survey / number who answered "yes". "Provider" includes MD, DO; NP; PA; IDC.	9-5: Increase the proportion of health care providers who provide emergency contraception (ec) (2010 developmental)	Unknown.
Do your clinicians assess sexual risk behavior among their routine outpatients?	FOR MEDICAL OPERATIONS ONLY: Increase proportion of sexually active females aged 25 and under screened annually for Chlamydia to 90%	Provider survey (access at http://www-nehc.med.navy.mil/downloads/hp/mtf_sharp_criteria) Minimum provider survey participation rate required = 50% of assigned providers.	Based on providers surveyed during / just after the close of the previous 12 months	Number of providers who completed the survey / number who answered "yes". "Provider" includes MD, DO; NP; PA; IDC	<u>25-16</u> : Increase proportion of sexually active females aged 25 and under screened annually for Chlamydia (2010 developmental)	In Navy MTFs, April 2000-March 2001: enrolled active duty patients aged 17-26 = 40%
Are condoms available to patients in appropriate settings?	FOR MEDICAL OPERATIONS ONLY: Increase proportion of providers who assess sexual risk behavior during routine outpatient encounters to 90% (see http://www-nehc.med.navy.mil/downloads/hp/risk_asses.pdf)	Provider survey (access at http://www-nehc.med.navy.mil/downloads/hp/mtf_sharp_criteria) Minimum provider survey participation rate required = 50% of assigned providers.	Based on providers surveyed during / just after the close of the previous 12 months	Number of providers who completed the survey / number who answered "yes". "Provider" includes MD, DO; NP; PA; IDC. For guidance "Sexual Risk Assessment in the Primary Care Setting" at see http://www-nehc.med.navy.mil/downloads/hp/risk_asses.pdf	HP 2010 1-3f/g: Increase proportion of providers who assess sexual risk behavior during routine outpatient encounters (2010 developmental) (see http://www-nehc.med.navy.mil/downloads/hp/risk_asses.pdf)	Unknown.

Navy Environmental Health Center - Sexual Health and Responsibility Program (SHARP)
Sexual Health Performance Criteria - **Provider Survey**

Dear Clinician,
Please help us measure our performance in these sexual health criteria by completing this brief survey.
Please complete this survey by _____ and return it to _____
If you have any questions about the survey please contact _____ at _____

Provider Survey Questions	Response	HP 2010 Target	Notes
I typically offer my adult patients access to emergency contraception when appropriate	Yes No	HP2010 9-5: Increase the proportion of health care providers who provide emergency contraception	(local comments)
I typically offer access to hepatitis B vaccination (if not already vaccinated) to my patients who present with a sexually transmitted disease	Yes No	HP 2010 25-13: Increase proportion of STD programs that routinely offer Hepatitis B vaccine to all STD patients	(local comments)
I typically offer Chlamydia screening to my sexually active female patients aged 25 and under	Yes No	HP 2010 25-16: Increase proportion of sexually active females aged 25 and under screened annually for Chlamydia	(local comments)
I typically conduct a brief sexual risk assessment of my outpatient patients, even when the chief complaint is not sexual health related	Yes No	(SHARP) Increase proportion of providers who assess sexual risk behavior during routine outpatient encounters	(local comments)

